

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5 81078

FILING DATE

6-9-8

APPLICANT(S)

## CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL

IND.

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TOTAL

DEP.

16

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TOTAL

CLAIMS

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